EXHIBIT B

OWCP Case: LS-08490361

Jacintoport International Inc.

16398 Jacintoport Blvd.
Houston, TX 77015

Want Faster Service?

You can electronically submit documents in response to this directly into the OWCP case through the Secure Electronic Access Portal (SEAPortal). You can access the SEAPortal at: https://seaportal.dol.gov. Please DO NOT submit documents by SEAPortal and mail. Only one copy is necessary.

EXHIBIT B

U. S. Department of Labor **Office of Workers' Compensation Programs**
Division of Longshore and Harbor Workers' Compensation
400 West Bay Street, Suite 63A, Box 28
Jacksonville, FL 32202

04/13/2023

OWCP Case: LS-08490361
OWCP Office: Houston Suboffice of the Southern District
Injured Employee: Delmy D Recinos
Date of Injury: 09/02/2022
Employer: Jacintoport International Inc.
Act: LHWCA
Carrier's File No: 22D69K415844

Jacintoport International Inc.
16398 Jacintoport Blvd.
Houston, TX 77015

CCMSI
PO Box 7457
Metairie, LA 70010

DearMs/Sir:

By receipt of a Form LS-262, Claim for Death Benefits on 04/11/2023 the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP), Division of Longshore and Harbor Workers' Compensation (DLHWC), was notified of a claim for related death benefits filed on behalf of Delmy D Recinos.

Enclosed is a copy of a claim for death benefits filed under the Longshore and Harbor Workers' Compensation Act

Section 14(b) of the Act, as extended, requires that compensation be paid promptly when due unless liability to pay compensation is controverted. If any installment of compensation is not paid within 14 days after it becomes due, an additional amount of ten percent of the amount due must be paid.

If the right to compensation is not denied, you should proceed to pay compensation immediately. Section 14(d) provides that if the employer controverts the right to compensation, the employer shall file with the District Director, on or before the 14th day after having knowledge of the alleged injury or death, a notice (Form LS-207) stating that the right to compensation is controverted, the name of the claimant, the name of the employer, the date of the alleged injury or death, and the grounds upon which the right to compensation is controverted. Form LS-207 can be obtained on our website https://www.dol.gov/owcp/dlhwc/ls-207.pdf.

Please submit Form LS-202, Employer's First Report of Injury or Occupational Illness, if you have not already done so. Section 30(a) of the Longshore and Harbor Workers' Compensation Act (LHWCA), as extended, requires that a report of any injury which causes death or loss of one or more shifts of work, be made to the Office of Workers' Compensation Programs within 10 days following the date of injury or within 10 days from the date the employer has knowledge of the injury and the need to file a report. Section 30(e) of the Act and 20 C.F.R. 702.204 provide that the District Director has the authority and responsibility for assessing civil penalties for missing, late, or misrepresented injury and death reports, and can assess up to $28,304.00. You may be subject to such penalty for failure to file the report within 10 days.

You can electronically submit documents in response to this directly into the OWCP case through the Secure Electronic Access Portal (SEAPortal). You can access SEAPortal at: https://seaportal.dol-esa.gov. When you access the website, you will be asked to provide the OWCP number along with the injured worker's last name, date of birth and date of injury. The SEAPortal will then provide a Tracking Number, so you can verify when OWCP received your document. Documents will be visible in the OWCP file within 4 hours of upload. Alternatively, you can mail documents to the address at the top of this letter. Please DO NOT submit documents by SeaPortal and mail. Only one copy is necessary.

If you have questions concerning this process please contact our office at (202) 513-6809.

Sincerely,

Frederick Dowlen
Claims Examiner

CC:

Delmy Siomara Recinos
15034 Rockington Lane
Channelview, Texas 77530

Claim for Death Benefits

U.S. Department of Labor
Office of Workers' Compensation Programs

1. Name of deceased employee (First, middle initial, last): Delmy Siomara Recinos	For Office Use Only	OMB No. 1240-0014
a. Social Security Number (Required by Law): [redacted]7193	OWCP Number: LS-0849036 / Carrier's Number:	Expires: 10/31/2023
2. Last address of last deceased (Number, street, city, state, ZIP): [redacted] Channelview TX 77530	8. Place of Death: Houston, Texas	9. Date of Death: 9/2/2022
3. Name and address of employer (Number, street, city, state, ZIP): Jacintoport International 16398 Jacintoport Blvd. Houston, TX 77015	10. Place where injury occurred: Jacintoport,	11. Date of Injury: 9/2/2022
4. Name and address of undertaker	12. Nature of injury or occupational illness and cause of death (Give parts of body affected if injured): Multiple blunt force injuries. Mrs. Recinos was run over by a forklift being operated by Diego Lopez Silva.	
5. Amount of undertaker's bill / 6. Amount Paid	13. Name and address of last attending physician (or hospital)	
7. Name of person paying undertaker's bill		

14. Widow or Widower

a. Full name and address	b. Social Security Number	c. Date of birth	d. Nationality
Jimmy Alexander Recinos [redacted] Channelview, TX 77530	[redacted]	[redacted]	Salvador
	Telephone Number: [redacted]		

e. Date married to deceased	f. Place of marriage (City, State, Country)	g. Signature of widow, widower, and/or guardian of children	Date
2/27/2016	Houston, Harris County US Texas		4/11/2023

15. Children of deceased (see page 2 for qualification)

a. Full name	b. Address	c. Social Security Number (Required by Law)	d. Date of birth	e. Nationality

16. All other persons partially or wholly dependent on deceased support (See page 2 for instructions)

a. Full name and address	b. Income for one year preceding death: Source	Amount	c. Relationship	d. Age	e. Dependent: Wholly ☐	Partially ☐
Signature / Date (mm/dd/yyyy) / Guardian? ☐						
f. Full name and address						
Signature / Date (mm/dd/yyyy) / Guardian? ☐						

Important Notice

Section 31 (a)(1) of the Longshore Act, 33 U.S.C. 931 (a)(1), provides, as follows: Any claimant or representative of a claimant who knowingly and willfully makes a false statement or representation for the purpose of obtaining a benefit or payment under this Act shall be guilty of a felony, and on conviction thereof shall be punished by a fine not to exceed $10,000, by imprisonment not to exceed five years, or by both.